

6715

Constable  
of Ward/District 5 - 1st COURT  
Sioux, L.A. Rapides Parish) Louisiana

Financial Statements  
As of and for the Year Ended December 31, 2008

Required by Louisiana Revised Statutes 24:513 and 24:514 to  
be filed with the Legislative Auditor  
Within 90 days after the close of the fiscal year.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) Clyde W. George who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of Rapides Parish, Louisiana, as of December 31, 2008, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) Clyde W. George, who duly sworn, deposes, and says that the Constable of Ward/District 5 - 1st JUDICIAL Rapides Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2008, and accordingly, is not required to provide for an audit, review/attestation, or compilation report for the previously mentioned fiscal year.

Clyde W. George  
Signature of Constable

Sworn to and subscribed before me, this 26 day of FEBRUARY, 2009.

J. L. Pelgou  
NOTARY PUBLIC Signature 026446

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

	Please Complete this Section:
Constable's Name	<u>Clyde W. George</u>
Street or P.O. Box	<u>410 E. N. JOHNSON Rd.</u>
City	<u>Sioux LA.</u>
Zip Code	<u>71472</u>
Telephone Number	<u>318-793-8977</u>
Fax Number / Email	<u>NONE</u>

Release Date 3/4/09

## Statement A

Alyde W. George (Your Name)  
 Constable  
 of Ward/District 5-1 DISTRICT COURT  
SIEFER, RAPIDES (City, Parish) Louisiana

Balance Sheet, on December 31, 2008

	General Fund	Garnishment Fund (if applicable)	Total
<b>ASSETS:</b>			
1. Cash and cash equivalents on hand	1.		1. <u>NONE</u>
2. Investments (fair value) on hand	2.		2.
3. Office furnishings (Cost of desks, etc)	3.		3.
4. Equipment (Cost of fax machine, etc)	4.		4. <u>NONE</u>
5. Total Assets (add lines 1 - 4)	5.	5.	5. <u>NONE</u>
<b>LIABILITIES AND FUND BALANCE:</b>			
Liabilities:			
6. Cash overdraft	6.		6.
7. Garnishments due to others		7.	7.
8. Other liabilities	8.		8. <u>NONE</u>
9. Total Liabilities (add lines 6 - 8)	9.	9.	9. <u>NONE</u>
Fund Balances:			
10. Ending Fund balance (from line 18, Statement B)	10.	10.	10. <u>NONE</u>
11. Other -	11.		11.
12. Total Liabilities and Fund Balance (add lines 9 - 11)	12.	12.	12. <u>NONE</u>

Note: Total Assets should equal Total Liabilities and Fund Balance.

PREPARE STATEMENT A ONLY IF YOU HAVE ACCOUNTS PAYABLE OR ACCOUNTS RECEIVABLE BALANCES BEING CARRIED OVER TO THE NEXT YEAR.

**Statement B**  
(Required)

Clyde W. George (Your Name)  
Constable  
of Ward / District 5-DIST-1  
SHERIFF RAPIDES City, Parish), Louisiana

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended December 31, 2008**

	General Fund	**Garnishment Fund (if applicable)
<b>CASH RECEIPTS:</b>		
1. State & Parish salary ( <i>required, from W-2 Form</i> )	1. <u>3300.00</u>	
2. Fees collected (As constable, if any were collected)	2. <u>160.00</u>	
3. Garnishments collected (If applicable)		3. _____
4. Others (explain source of income) <u>RAPIDES PARISH</u>	4. <u>2400.00</u>	
5. Total cash receipts (add lines 1 - 4) <u>SHERIFF</u>	5. <u>5860.00</u>	5. _____
<b>CASH DISBURSEMENTS:</b>		
6. Operating expenses (cost of fax line, etc)	6. <u>NONE</u>	
7. Materials and supplies (stationery, postage, etc)	7. _____	
8. Travel and other charges		
8a. For yourself	8a. _____	
8b. For employees (only if applicable)	8b. _____	
9. Capital outlay (cost of purchases of equipment, etc)	9. _____	
10. Garnishments paid to others [Out of total collected in # 4]		10. _____
11. Total disbursements (add lines 6 -10)	11. <u>NONE</u>	11. _____
12. Balance Available (loss) ( line 5 less line 11)	12. _____	12. _____
Salary and related benefits:		
13. Amount retained by yourself from line 1 as salary	13. _____	13. _____
14. Amount paid to employees (if applicable)	14. _____	14. _____
15. Total salaries paid (add lines 13 and 14)	15. <u>NONE</u>	15. _____
<b>FUND BALANCE</b>		
16. Increase (decrease) in fund balance - may be \$0 (line 12 less line 15)	16. <u>NONE</u>	16. _____
17. Fund Balance at beginning of the year - may be \$0 (Ending Fund balance from last year's report)	17. <u>NONE</u>	17. _____
18. Fund balance (deficit) at end of the year - may be \$0 (Add lines 16 and 17)	18. <u>NONE</u>	18. _____

**\*\* GARNISHMENT FUND COLUMN IS ONLY FOR GARNINSHMENT ACTIVITY DURING THE YEAR**